AT THE INTERSECTION OF CONTAGION AND CONNECTION

HIV/AIDS and Richmond's LGBTQ+ Communities

Oral Histories by Julia Brittain
Photography by Sherley Arias-Pimentel
HIV/AIDS in Richmond

Richmond has one of the highest rates of HIV/AIDS in the United States.

In 2018, the city ranked 21st among more than 107 localities reporting HIV/AIDS rates to the Center for Disease Control and Prevention (CDC) (1). In 2019, the health-mapping website AIDSVu reported that there were 5,307 people living with HIV in Richmond, of whom 24.6% were female and 66.8% were Black (2). The southern states accounted for 51% of all new infections in 2018 (3). Today, HIV is regionally concentrated and disproportionately affects people of color. According to a 2016 CDC study, one out of every two black men who have sex with men will be diagnosed with HIV at some point in their lives. Within Richmond, Male-to-Male Sexual Contact accounted for 66.1% of the HIV diagnoses as of 2019 (2).

Locally, Richmond’s HIV crisis is exacerbated by high concentrations of poverty and a lack of sex education within public schools, as well as the opioid epidemic. Yet, outside the public health community, HIV in Richmond has received little attention. Given the demographical shifts in the populations primarily affected by HIV, with its impacts currently bearing hardest on communities of color, the ongoing epidemic has now become largely ignored and overlooked. While the HIV/AIDS epidemic continues to remain a public health crisis within Richmond, it is also a social crisis as the racial and gender fractures within our society continue to be reflected by the populations most affected by this epidemic.

Artist Statements

Photography by Sherley Arias-Pimentel

My name is Sherley Arias-Pimentel and I am an afro-dominican documentary photographer from Newark, New Jersey. I have always been a storyteller at heart and through my photography I hope to capture and accentuate the rawness and diversity of the human experience. I hope to be a creative a vessel which elevates voices, empowers communities, and opens up discourse on topics that reimagine our way of living, our perceptions, and challenge our comfort zones. With this project I wanted the light and power which emanates from each individual’s story to shine through their images.

Oral Histories collected by Julia Brittain

My name is Julia Brittain and I am a queer woman from Los Angeles, California. This project aims to rewrite the narrative of how we choose to look at the HIV/AIDS epidemic both within the past and in its current, ongoing form. Historically, the HIV/AIDS epidemic has been viewed as a “disease of the past” - one that led to disconnection and destruction within LGBTQ+ community. It is remembered largely as a disease that only affected gay, white men in the 1980’s and 90’s.

However, these truths do not reflect the lived experiences of many. Through collecting these oral histories, it has become clear that moments of despair and disconnect were often complimented and sometimes overcame by moments of communion and connection within the LGBTQ+ community. Furthermore, the epidemic transcends race and gender in a way that is often overlooked and ignored. It is my hope that this Exhibition complicates the ways in which we have come to understand how the HIV/AIDS epidemic has affected, and continues to affect, the communities that we exist within.
I grew up in a small Southern Virginia town called Chatham, 1200 people with the nearest city 20 miles away. I came out as gay in late 1993 during my junior year of college, but, obviously, I knew long before then. In my teenage years in the mid and late 80s, AIDS was on the front page of every newspaper. I would find myself reading these things, and it terrified me. There was no education around this in schools. My parents certainly didn't talk to me about it.

When I was in college, one of my fraternity brothers died of AIDS, which he contracted from a blood transfusion. In his memory, I began volunteering with an AIDS service organization in DC. Back in the day when we used Rolodexes, I would go through and take a marker and mark through a card of a friend or coworker who had died of AIDS because I couldn't bear to pull the card out and throw it away. I remember turning the Rolodex and just seeing X after X after X.

Even with all this loss, I think that AIDS had an impact on gay rights and acceptance which may be a silver lining of a very, very dark cloud. When mainstream society refused to provide programs and services to support us, we created them. When hospitals refused to treat us, we built our own medical clinics. I think the rest of the world looked at us and said, "Wow, that's really powerful that a community will come together in this way to deal with the crisis."

Losing people I knew and loved to AIDS affected the way I grieved. I always knew that the connection and purpose that comes from relationships were worth the potential for losing that person. I lost so many coworkers and friends in just a few years and I couldn't let myself grieve every single time because that was too hard. I'd hold it in and wait and let it all out at one time. It was cathartic.

AIDS shaped my life as a gay man, even before I knew what that meant. It affected my relationships, my behavior, even my career. It made me an advocate and an activist. It showed me the power of community—my community.

James Millner
Photo by Sherley Arias-Pimentel
Photographed at Diversity Richmond
You hear HIV and you automatically think it's the worst thing on Earth. But there's medications, there's treatments. People need to see that HIV ain't a death sentence. We're still here and I'm not ashamed of my HIV status.

I was born in Amelia County. We're a military family; my job growing up was to get good grades, go to college and get a great job. I graduated from high school in 1994 and went to James Madison University to study medicine and psychology.

I was pregnant when I found out I was positive. I walked in the clinic, my little 5'2" pregnant self. Folks had limbs that were missing, and I'm thinking it's a diabetes clinic. The lady says to me, "You know that this is our clinic that we see all of our patients that are HIV positive?" Then I'm like, "Shit." There was at least 60 people in that waiting room. I'm like, "Shit. I might lose a limb. What? I could be hooked up to an IV in a doctor's office?"

The same day I found out, I told my parents and went to go see them. When I got there, I told them, "I'm going to buy some plastic forks and plates so that we can keep eating together," and my dad looked up at me and said, "Why? You're going to eat off of the same plates." That was the first time that I experienced unconditional love when it came to my HIV status. I just assumed that people would be scared to death of me.

My youngest child is non-binary; this is another reason why I'm really in this fight. I want them to be able to live a free life without discrimination or stigma. If something happens where they do turn up HIV positive, I just don't want there to be hate or discrimination around who they are as a person. The LGBTQ+ community is a very tight-knit community. Once you're a part of the family, you're part of the family. People are checking in on each other and saying, "Hey, did you go to the doctor today? Hey have you gotten your hormones if that's what you're going through right now? Do you have a safe place to take them?" You're making sure that every member of the community is safe. I just love it.

Deirdre Johnson
Photo by Sherley Arias-Pimentel
Photographed at Virginia National Assembly
I grew up in Richmond in Lakeside, a white working-class neighborhood. There would be signs that said “Whites only” or “Colored only.” That was a major part of my environment.

I got into AIDS activism in the early '80s. I had two friends who were a couple, and they took care of a gay male friend, one of the first recognized cases here in Virginia. I went out there to visit them. They had face masks and gloves for everybody to wear. When he would go to MCV for treatment they had to ride in the freight elevator.

Lesbians were not becoming HIV positive because most of us did not have sexual practices that were riskier. Many of us weren't thrilled at what gay men had been doing for lesbians at the time. The involvement of lesbians in HIV activism tended to be more personal connections or a general civil rights feeling, rather than the possibility that you might get it yourself. Because gay men could not give blood, we organized lesbian blood drives instead.

One thing that hasn’t dramatically changed is that women were being ignored, no matter what race or what their sexual orientation was. Nobody was paying very much attention to the women who were getting it, and that's still true. What has shifted is, drugs were developed that could change HIV into a manageable chronic illness. Today you'll not see a lot of white gay male activism around HIV and AIDS. I find it very disappointing that the white gay male community is no longer willing to educate or advocate around it. I think that does have to do with race. I don't know what else it would be.

Beth Marschak
Photo by Sherley Arias-Pimentel
Photographed at Babes of Carytown
I grew up in a very rural part of the state called the Shenandoah Valley, on a rural farm that had been in the family since the late 1700s. The summer of ‘87, I moved to Richmond to attend the Presbyterian School of Christian Education (PSCE) with the intention of entering social ministry.

Through PSCE, I learned about HIV/AIDS and joined the Fan Free Clinic in 1989. I worked primarily with their program, Richmond AIDS Information Network (RAIN). RAIN had volunteer advocate training where you were training to be a ‘buddy’ with a person with AIDS and HIV. These care teams did everything from helping the person get medications, to helping with their transportation to doctor’s appointments, and doing HIV/AIDS advocacy.

It was exhausting, particularly for the care teams. The care teams really stepped up their work when the client needed it most, and they would do it over and over again. Our volunteers were primarily folks from the LGBT community- lots of gay men, lesbians and bi women. Even though lesbians were at the least risk and the least affected, they stepped in in a massive way out of a real altruistic sense of “this is our community, these are our brothers, we have to help.”

When you arrive at the scene of a fire, you don't care who the volunteer is as long as they can throw a bucket. I still think AIDS and HIV was a very unifying thing.

Jim Beckner
Photo by Sherley Arias-Pimentel
Photographed at Richmond Academy of Medicine
I was born in Washington, DC in 1949. My parents had met and courted each other in Washington and later migrated to Philadelphia when I was five years old, and Philadelphia became my hometown. In 1985, I was diagnosed as HIV-positive and began to become interested in HIV/AIDS, not only in terms of how to take care of myself, but how to prevent this disease with other people. It wasn’t until 1993 that I came to Richmond and started attending the Saint Paul's Baptist Church.

I was upfront with the pastor that I was a gay man joining his congregation and he was very supportive. He suggested that I join an effort that was underway to get a HIV ministry started. It was 1995 and I have been doing that ever since. One Sunday, my friend, who was also HIV positive, and I stood up before three services and told the church about our HIV status and why they should be more supportive of people like us, because we were not the only ones. We were just the only ones who were crazy enough to stand up and tell them.

In the church and the Black community, there is a tendency to hide yourself and be silenced. People were hiding when they needed help, not being able to tell people what was actually happening to them when their very lives depended upon that. I wasn't going out like that. When the pastor asked the church, "I want everybody to raise their hand who either knows someone who has died from AIDS or knows someone who has HIV," 2,000 people in the congregation raised their hands.

Here I am, a gay man, serving as a licensed minister at a Black Baptist church. There may not be significant changes everywhere, but there was a significant change here. A lot of the change was driven by what we already see in the gospel. What we see in the Gospels is a prophet who was constantly taking the side of the marginalized. We used that to talk about what the church should do in terms of AIDS. Community is not a membership organization. It's the people who are embracing all of our parts.

**Eric King**  
*Photo by Sherley Arias-Pimentel  
Photographed at St. Paul's Baptist Church North*
In my family, my two cousins have been diagnosed with HIV. One has since passed.

My name is Lindsay O'Hara Bryant, and I am 70 years old. I grew up surrounded by love, witnessing love in action from the people that I was surrounded by, which was five generations: my great-grandmother, my grandmother, my mother, myself, and my son. My grandmother ran an adult live-in care facility. I picked up compassion and care for others by witnessing her. My mother got that same business, and then my aunt got into it as well.

Coming from that type of family reminds me a lot of the experiences I have had at St. Paul's. It is a large church that is also a really small community. When the HIV/AIDS epidemic started, we were all talking about what we could do, and we agreed that the first thing we should do is ask our pastor at St. Paul these things. We asked him if we could start an HIV/AIDS focused ministry. Could we get people tested from our church for HIV and STIs? Would he do a sermon around compassion and love for everybody? Could we give out condoms at our church? Would he get tested from the pulpit?

We are trying to do the will of God, meaning we have got to go to places where people are different from us and start asking, "What can I do to support you?" We don't get to pick and choose who we support. If you are picking and choosing, then you're not doing what God did. Because God didn't pick and choose with us. In the same way, you don't get a say in who anyone prefers to sleep with or marry. It's a human being connecting with another human being.
I am 71 years old. I've been living with HIV and AIDS since 1991. I lived well with it until 1998, when I had to make a choice between having food or my HIV medicine. My fiancé had just passed away and I had so many bills to pay. I ended up choosing the food. Within a month, I had full-blown AIDS.

Initially, it was really hard for me to even get an HIV test to see if I was positive or not. Back then, they believed that HIV was only a disease in gay white men and people who did intravenous street drugs. My doctor knew that I wasn't one of those people. I didn't understand why he would think that this disease is only limited to a certain class of people.

The day that he told me I was positive, I saw my life ending in six months because people were dropping dead during that time from AIDS. In the beginning, I felt alone because I didn't know of anybody else that had it. Even when I started going for treatment, I was running into people in the clinic waiting area, but they were mostly men.

After my diagnosis, I started going to retreats. There were people that I met at the retreats who had been living for long periods of time. Some of them had already lived 15 and 20 years. It was powerful to learn from them that all I had to do was take care of myself, eat properly, exercise if I could or when I could, take my meds, and if I was getting ready to be in a new relationship, make sure I tell that person.

I am part of a women's support group and some of the members have had friends stop talking to them. What I said to them was, "Well, they weren't really your friends anyway, because real friends wouldn't leave you at a time like this." I say that because I experienced it. And I've done things too, like walk up to people and say, "Do you know anybody living with HIV or AIDS?" If they say no, I say, "Well, you do now." And then I would go on and tell them how they can protect themselves. I just use every opportunity to educate the people that I ran into. I still do that to this day.

Willnette Cunningham

Photo by Sherley Arias-Pimentel
Photographed at St. Paul's Baptist Church South
I was born in Somerspoint, New Jersey, which is right outside Atlantic City. We came to Richmond when I was in the second grade. I went to high school here, and when I was 16, I joined the Panther Party. It was the climate to do that. We built a health clinic from the ground up. The focus then was sickle cell anemia. We also did other forms of political action. We expropriated money from banks a few times. I got caught because of my distinguishing footprint on the counter and I went away for 23 years. They initially gave me a 43-year sentence. My last seven years in prison, some political prisoners and myself developed a HIV/AIDS awareness class in Lewisburg Federal Penitentiary. The only reason I did it was to get out on parole.

I came home in 2000 when I was 45 years old. I did some odd jobs and then eventually applied for the HIV Counseling job at Health Brigade. In prison and here, there are a ton of similarities in the teaching part. You're going to teach basic HIV 101, what it is, the definitions, how you contract it, how you don't, and how it attacks your system. I'm always able to add a political context to that from being a Panther. I understand that in order to get food, clothing, and shelter, you're willing to sacrifice safety and put yourself in a very vulnerable and volatile situation to make sure you have access to those things.

I do case management for individuals that are coming out of prison. I make sure you have a doctor, get you your appointments, and you're compliant with your medications. I also make sure to help remove obstacles out of the way that would prevent you from going to the doctor like not having food or not being able to pay your rent. Black men are the main demographic that I deal with, and I think that speaks to a lot of things. It speaks to the disproportionate rate of Blacks in prison. It speaks to the disproportionate rate of Blacks that have HIV, and a significant number of those individuals may be gay men.

The stigma surrounding HIV is not as bad as it once was, but it's still there. It affects everything.

Jihad Abdulmumit
*Photo by Sherley Arias-Pimentel*
*Photographed at Health Brigade*
Richmond was an interesting place to grow up, especially as a person of color, and by extension, a queer person. I found purpose for all my intersectionalities here in Richmond.

My grandmother and uncle, who were the most influential in my upbringing, used to always cook us Sunday dinners. They would always prep a plate for two guys in the neighborhood who were homeless. Granny would make the smallest kids take them the plates and we would always whine and protest, "We don't want to go over there!"

My grandmother was teaching me that, regardless of who or where someone is, if you can help them and if they need your help, you should extend yourself in that way. My uncle was also selfless in that way, he always seemed to be serving a greater purpose. He would give pieces of himself up so selflessly and full of faith. They both taught me that sometimes when and where we meet people serves a greater purpose than we can comprehend.

I was diagnosed as HIV positive in 2010. I actually started off here at Health Brigade as a client participating in some of the men's groups. Health Brigade got me trained in group facilitation and in testing. When I am doing testing, it's very important to me that the person understands that there are people here who are willing to help them and who understand what they are going through.

Being HIV positive myself has helped me be able to empathize with my clients. It's never easy to tell somebody that they are positive. You're really changing that person's life in that moment forever. But then, I think about the people that were there for me and how I got through it. There's a lot that goes through your mind like “Where, who, what, when, why me? I did this to myself.”

You do have to learn what the diagnosis means to you and how it is going to change you. Who's the person that you want to become as a result of this? Do you want to remain the same person? All I can say to someone is, "This does get better, but in the end, it's really up to you.”

Darius Pryor
Photo by Sherley Arias-Pimentel
Photographed at Health Brigade
I got involved with HIV activism in 1997 due to a friend of mine contracting HIV. After they passed, I really wanted to learn more. I started volunteering as a way to pay homage to my friend who I lost, but also to learn more and give back to the community. I started at the Fan Free Clinic in 2001. I stayed at Fan Free for 10 years and went to work for Richmond City Health District for six. After serving six years with Richmond City, I founded Nationz.

Nationz specifically works with LGBTQIA folks with a special focus on trans women of color, and works on HIV prevention, overall health and wellness. With Nationz, our mindset is that before you can concentrate on your health, you really have to concentrate on the things that impact your health. If you're not housed, you don't have food, you're unemployed, you don't have clothes, you're not really going to concentrate on making a doctor's appointment or taking your meds. It is important to normalize the conversation, normalize testing, making sure that people are getting linked to care as quickly as possible. When folks are getting on their meds so that their viral load is suppressed, we can stop the spread of HIV.

There are people who are truly open about their status and gather support and love from people who cheer them on and to support them for that openness. Within pageants, I have seen queens and kings really stepping up and talking about their status, and using that platform to erase stigma or change narratives about HIV within their communities. Community, in my eyes, is where people are living together, judgment-free. The freedom to be exactly who you are. Opportunities for everyone to be better, to have equitable access to healthcare, to be loved unconditionally and affirmed.

Zakia Mckensey
Photo by Sherley Arias-Pimentel
Photographed at Nationz Foundation
If you can close your eyes and just imagine that you know 15 people in your life who are dying, that's what it was like for a lot of us as gay men during the height of the epidemic. There was so much ignorance compounding the grief at that time as well. I remember during World AIDS Day, someone came up to me and told me, "You can prevent the transmission of HIV if you refrain from sex until marriage." Gay men at that time couldn't even get married so that was an unrealistic viewpoint of this epidemic.

That ignorance and fear really corroded relationships for people with AIDS as well. It was not unusual for us to be working with a young gay man whose family had said, "You're dead to us. Don't come back." At the Fan Free Clinic, we formed a new family, and we faced this horrible situation together. Because of this disease, I saw people come together who never would have formed friendships. You've got a woman who has AIDS because she's a sexual partner of an injecting drug user, who would never have connected with this gay white man out in West End. But we all came together.

Testing was another terrifying thing. When I first went to work at the Fan Free Clinic, I was single and I was dating around. I was scared to death to have sex. I was surrounded by HIV and AIDS all day, and I was just scared to death about getting it myself. Typically, we didn't announce we were going to be getting tested. Most of us expected our test results to come back positive. It took you three weeks to get your test results back, so that was three weeks of agonizing. When I would finally test negative, I couldn't believe it- I was so happy. Yet, over the next few weeks, I started feeling almost guilty. I was surrounded by people who I cared about that were dying, and I was one of the lucky few that still tested negative. Later on, they started calling what many of us were feeling Survivor's Remorse.

Bill Harrison
*Photo by Sherley Arias-Pimentel
Photographed at Health Brigade*
I grew up in Roanoke, Virginia and was raised Catholic. I think a lot of my sense of social justice is because of my faith and the way I was raised early on—that you really do need to care for people, especially people in need.

I started working at the Fan Free Clinic, involved from the community side in advocating for getting the HIV houses built. At the time, it was very difficult for people living with HIV to find places to live, especially if they were really sick. These AIDS houses became similar to hospice houses, where you can take up to seven or eight patients in each house, and they were staffed with volunteers and medical folks. People were dying all the time, sometimes three or four a week, and medications were not helpful. The medication was all experimental at that time.

These care teams really would just wrap their arms around these patients, whoever they were assigned, and they would get groceries for them, they'd clean their house. They would take them to the doctor, they would go over and help take care of them when they were too sick to do anything else. And then they helped with burying many of them. It was hard to find a funeral home that was willing to embalm the bodies, because, again, everybody was afraid. These care teams became their families until their last days.

Community is all of us taking care of each other, to help each other meet the needs and find joy in the life that we're living. If we do that in a way that's equitable, then that means helping people who have less get what they need. Whether it's a small agency, whether it's the neighborhoods we live in, or whether it's the schools we go to, it is the mindset that we, as human beings, have an obligation to take care of each other.
About the Author

Julia Brittain is a current senior at the University of Richmond and will graduate with the Class of 2023. At the University of Richmond, she is majoring in Health Studies with a minor in Women, Gender, and Sexuality Studies. After graduating, she hopes to go to medical school and spend some time traveling. She is originally from Los Angeles, CA where she grew up alongside her twin brother and younger twin siblings. Outside of her studies, she enjoys cooking, running, spending time with friends, and volunteering as an EMT.